



# Texas Department of Insurance

## Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48  
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645  
512-804-4000 telephone • 512-804-4811 fax • [www.tdi.texas.gov](http://www.tdi.texas.gov)

### MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

#### GENERAL INFORMATION

**Requestor Name**

Ahmed A. Khalifa

**Respondent Name**

Texas Mutual Insurance Co

**MFDR Tracking Number**

M4-12-3307-01

**Carrier's Austin Representative**

Box Number 54

**MFDR Date Received**

July 9, 2012

#### REQUESTOR'S POSITION SUMMARY

**Requestor's Position Summary:** "The rationale for the denial is totally vague and since no payment was made for most procedures it is also irrelevant, pointless and absurd."

**Amount in Dispute:** \$905.50

#### RESPONDENT'S POSITION SUMMARY

**Respondent's Position Summary:** "...The basis of the denial is that the Physician CCI Edits V18.2 for 2012 indicate codes 95903 and 95904 are not separately reportable from code 95861 unless the appropriate modifier is used..."

**Response Submitted by:** Texas Mutual

#### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
April 11, 2012	Physician Services	\$905.50	\$23.33

#### FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

#### **Background**

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code §134.203 sets out the for medical fee guidelines for professional services.
- The services in dispute were reduced/denied by the respondent with the following reason codes:
  - 97 – The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated
  - 435 – Per NCCI edits. The value of this procedure is included in the value of the comprehensive procedure
  - 193 – Original payment decision is being maintained

#### **Issues**

- Did the requestor support denial of disputed services
- Is the requestor entitled to reimbursement?

## **Findings**

1. 28 Texas Administrative Code §134.203 (b) states in pertinent part, "For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules." Therefore, the services in dispute will be reviewed per applicable rules and fee guidelines as shown below:
  - Per Medicare policy, procedure code 95903, service date April 11, 2012, may not be reported with procedure code 95861 billed on this same claim.
  - Per Medicare policy, procedure code 95904, service date April 11, 2012, may not be reported with procedure code 95861 billed on this same claim.
  - Procedure code 95934, service date April 11, 2012, represents a professional service with reimbursement determined per §134.203(c). The Medicare fee is the sum of the geographically adjusted work, practice expense and malpractice values multiplied by the conversion factor. The MAR is calculated by substituting the Division conversion factor. For this procedure, the relative value (RVU) for work of 0.51 multiplied by the geographic practice cost index (GPCI) for work of 1 is 0.51. The practice expense (PE) RVU of 1.28 multiplied by the PE GPCI of 0.912 is 1.16736. The malpractice RVU of 0.02 multiplied by the malpractice GPCI of 0.809 is 0.01618. The sum of 1.69354 is multiplied by the Division conversion factor of \$54.86 for a MAR of \$92.91 at 2 units is \$185.82.
  - Procedure code 95861, service date April 11, 2012, represents a professional service with reimbursement determined per §134.203(c). The Medicare fee is the sum of the geographically adjusted work, practice expense and malpractice values multiplied by the conversion factor. The MAR is calculated by substituting the Division conversion factor. For this procedure, the relative value (RVU) for work of 1.54 multiplied by the geographic practice cost index (GPCI) for work of 1 is 1.54. The practice expense (PE) RVU of 2.5 multiplied by the PE GPCI of 0.912 is 2.28. The malpractice RVU of 0.06 multiplied by the malpractice GPCI of 0.809 is 0.04854. The sum of 3.86854 is multiplied by the Division conversion factor of \$54.86 for a MAR of \$212.23. Per §134.203(h), reimbursement is the lesser of the MAR or the provider's usual and customary charge. The lesser amount is \$212.00.
  - Procedure code 99212, service date April 11, 2012, represents a professional service with reimbursement determined per §134.203(c). The Medicare fee is the sum of the geographically adjusted work, practice expense and malpractice values multiplied by the conversion factor. The MAR is calculated by substituting the Division conversion factor. For this procedure, the relative value (RVU) for work of 0.48 multiplied by the geographic practice cost index (GPCI) for work of 1 is 0.48. The practice expense (PE) RVU of 0.73 multiplied by the PE GPCI of 0.912 is 0.66576. The malpractice RVU of 0.04 multiplied by the malpractice GPCI of 0.809 is 0.03236. The sum of 1.17812 is multiplied by the Division conversion factor of \$54.86 for a MAR of \$64.63. Per §134.203(h), reimbursement is the lesser of the MAR or the provider's usual and customary charge. The lesser amount is \$64.56.
2. The total allowable reimbursement for the services in dispute is \$462.38. This amount less the amount previously paid by the insurance carrier of \$439.05 leaves an amount due to the requestor of \$23.33. This amount is recommended.

## **Conclusion**

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$23.33.

**ORDER**

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$23.33 plus applicable accrued interest per 28 Texas Administrative Code §134.130 due within 30 days of receipt of this Order.

**Authorized Signature**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

\_\_\_\_\_  
August 6, 2014  
Date

***YOUR RIGHT TO APPEAL***

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**